

FORM PTO-1449 (modified)

To: U.S. Patent and Trademark Office

Information Disclosure Statement by Applicant

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Applicant: Rizzoli et al

Appln. S.N.:

Filing Date: May 1, 2006

Examiner:

Group Art Unit:

Date: May 1, 2006

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U.S. PATENT/PATENT APPLICATION DOCUMENTS

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
	AR	3,768,353	10/1973	Milner			
	BR						
	CR						
	DR						
	ER						
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
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	NR						

FOREIGN PATENT DOCUMENTS

						English Abstract		Translation Readily Available?	
		Document Number	Date MM/YY YY	Country	Inventor Name	Enclosed/ Cited Above	N O	Enclosed/ Cited Above	N O
	OR	EP14521000A1	09/2004	EPO	Wohltman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PR	DE1258318	01/1968	Germany	Schur	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	QR	GB924126	04/1961	Britain	American Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR	GB1058139	02/1967	Britain	Koerber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	TR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

	YR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner: /Phu Nguyen/

Date Considered: 02/10/2009

***EXAMINER:** Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.